

RECEIVED
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FEC
FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Greg Sowards For Senate LLC

ADDRESS (number and street)

2916 Maese Ln



Check if different
than previously
reported. (ACC)

Las Cruces

NM

88007

2. FEC IDENTIFICATION NUMBER ▼

C

C00448423

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

ZIP CODE ▲

STATE ▼ DISTRICT

NM

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY
07 / 01 / 2014

MM / DD / YYYY
01 / 01 / 2014

MM / DD / YYYY
2014

through

MM / DD / YYYY
09 / 30 / 2014

MM / DD / YYYY
09 / 30 / 2014

MM / DD / YYYY
2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer MELODIE JOHNSON

Signature of Treasurer MELODIE JOHNSON

Melodie Johnson

Date

MM / DD / YYYY
10 / 13 / 2014

MM / DD / YYYY
10 / 13 / 2014

MM / DD / YYYY
2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)